

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VIII

999 18th STREET - SUITE 500 DENVER, COLORADO 80202-2466

MAY 4 1998

Ref: 8P2-W-GW

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Ms. Kathy Turner
Petroleum Engineering Technician
Petroglyph Operating Company, Inc.
P. O. Box 1839
Hutchinson, Kansas 67504-1839

RE: UNDERGROUND INJECTION CONTROL (UIC)
Conversion of Additional Well to

Antelope Creek Waterflood EPA Area Permit UT2736-00000

Duchesne County, Utah

Dear Ms. Turner:

Your letter of April 7, 1998, requesting that the following production well be converted to a Class II enhanced oil recovery well and added to the Antelope Creek Waterflood, as authorized under the Modified EPA Area Permit #UT2736-00000 is hereby granted.

NAME

LOCATION

EPA WELL PERMIT NO.

Ute Tribal #30-09

NE/SE Section 30 T 5 S - R 3 W Duchesne County, UT

#UT2736-04451

This additional well is within the boundary of the recently modified area permit for the Antelope Creek Waterflood (UT2736-00000), and this addition is made by modification under the authority of 40 CFR § 144.33 (c) and according to the terms and conditions of that permit. Unless specifically mentioned in this Permit Modification, all terms and conditions of the modified permit will apply to the construction, operation, monitoring, and plugging and abandonment of this additional injection well. The proposed well location, well schematic, conversion procedures, plugging and abandonment plan and schematic, submitted by your office, have been reviewed and approved as follows:

- (1) The conversion of this production well has been reviewed, and found satisfactory, therefore, no corrective action is required.
- (2) Maximum injection pressure (Pmax) the permittee shall limit the maximum surface injection pressure (Pmax) to 2152 psig. Permit provision have been made that allow the operator to request an increase or decrease in the injection pressure.





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If you have any questions, please contact Mr. Chuck Williams at (303) 312-6625. Also, please direct the above requirements to Mr. Williams at the above letterhead address, citing MAIL CODE 8P2-W-GW. Thank you for your continued cooperation.

Sincerely,

Kerrigan G. Clough

Assistant Regional Administrator Office of Pollution Prevention, State and Tribal Assistance

Enclosure: EPA Form

cc: Mr. Ronald Wopsock, Chairman
Uintah & Ouray Business Committee

Ms. Elaine Willie, Environmental Director Ute Indian Tribe

Norman Cambridge BIA - Uintah & Ouray Agency

Mr. Jerry Kenczka
BLM - Vernal District Office

Mr. Gilbert Hunt State of Utah Natural Resources Division of Oil, Gas & Mining

Mechanical Integrity Test Casing/Annulus Pressure Test

U.S. Environmental Protection Agency
Underground Injection Control Program, UIC Implementation Section, 8WM-DW
999 18th Street, Suite 500, Denver, CO 80202-2466

Others present	t:					
Well name				EPA :	Number	
Field name						
Location _		tr qtr; 👱	Section;	T	ownship;	Range
Owner/Opera	tor					
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Ute Tribal #30-09

NE/SE Section 30 T 5 S - R 3 W Duchesne County, UT #UT2736-04451

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- (2) Maximum injection pressure (Pmax) the permittee shall limit the maximum surface injection pressure (Pmax) to 2152 psig. Permit provision have been made that allow the operator to request an increase or decrease in the injection pressure.

661 1/29/98

Until such time as the permittee demonstrates that a fracture gradient other than 0.93 psi/ft applies to the disposal zones of this newly converted well, the maximum allowable wellhead injection pressure (Pmax) for this well will be 2152 psig.

(3) The plugging and abandonment plan and schematic, submitted by your office, has been reviewed, and approved.

Prior to commencing injection into this well, permittee must fulfill permit condition Part II, C. 2. and have received separate written authorization to inject by the Environmental Protection Agency. In summary, these requirements for your newly permitted injection well are:

- (1) All conversion is complete and the permittee has submitted a completed Well Rework Record (EPA Form 7520-12).
- (2) The pore pressure has been determined.
- (3) The well has successfully completed and passed a mechanical integrity test (MIT); EPA form enclosed.

All other provisions and conditions of the permit remain as originally issued and/or recently modified.

If you have any questions, please contact Mr. Chuck Williams at (303) 312-6625. Also, please direct the above requirements to Mr. Williams at the above letterhead address, citing MAIL CODE 8P2-W-GW. Thank you for your continued cooperation.

Sincerely,

Kerrigan G. Clough Assistant Regional Administrator Office of Pollution Prevention, State and Tribal Assistance

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Mr. Jerry Kenczka BLM - Vernal District Office

Mr. Gilbert Hunt State of Utah Natural Resources Division of Oil, Gas & Mining

FCD: May 1, 1998. Chuck W., F:\DATA\WP\PETROGLF\MNRMD-30.09

	Date:	4/30	198
_	Name and Address of the Owner, where the Owner, which is the O	The same of the sa	

PERMIT MODIFICATION ROUTING SLIP					
	ТО		INIT	DATE	
1.	ORIGINATOR Chuck Williams	8P2-W-GW	CFW.	4/29/98	
2.	TECHNICAL REVIEW - CT P	8P2-W-GW	X	4/30/46	
3.	PROOF READ - LAURA C.	8P2-W-GW	26	4/30/98	
4.					
5.	DAVE HOGLE - CONCUR	8P2-W-GW	1)94	91498	
6.	STEVE TUBER - CONCUR	8P2-W	54	14	
7.	KERRY CLOUGH - SIGNATURE	8P2	Sofor	5/4	
8.	ORIGINATOR - COPIES CHUCK W.	8P2-W-GW	CEW	5/5	
9.	- TRACKING	8P2-W-GW			
10.	LAURA CLUTTS - MAIL		26	5/5/98	
PER	L NAME: Ute Tribal #30-09 MIT NUMBER: UT 2736-04451 LICANT: Petroglyph	*			
Lef UIC	Modification SOP Co	ght Side: ver Letter Modifi			

Cover Letter (Concurrence)
Cover Letter (Reading File)

comments: Ac	d New W	Sell to A	Area F	ent. 4	172736	00000	
Originator:	Chuck	Williams	5				

on the reverse side?	■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	1998 e can return this ee does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ot Service.
Ir RETURN ADDRESS completed	Hutchinson, KS 67504-1839	4b. Service T Registered Express M Return Rece 7. Date of Del	with the following state of the following sta	hank you for using Return Receipt
ls your	X Kathy Junes PS Form 3811, December 1994		MAY 1 1 1998 Domestic Return Receipt	-

P 213 403 792 5/5/98 3291C CW US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to
Ms. Kathy Turner Cedlogy/Petroleum Engineering Technician
Post Office, State, & ZIP Code
Petroglyph Operating Company, Pstag. Box 1839 \$ Inc. Hutchinson, KS 67504-1839 Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date